

Document Prompts:

For Full Requirements See Guidance Document

Presumptive Eligibility

1. County of service
2. Location
3. Result of NOA
4. NOA number
5. Contacted person (CAH)
6. Documents kept on file & given to family
7. Pregnant woman application for full Medicaid or not (MH)
8. Client/family feedback
9. Coverage explained
10. Service provider
11. Intake assessment (CAH)



September, 2019

Document Prompts:

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Care Coordination

1. County of service
2. Location
3. Contacted person (CAH)
4. Concerns & issues
5. Staff response
6. If coordinating medical / dental care:
 - Assess Immunizations (CAH)
 - Medical appt. summary
 - Dental appt. summary
7. Referrals, outcomes, & plan for follow-up
8. Client/family feedback
9. Service provider
10. Intake assessment (CAH)

Transportation Care Coordination

- | | |
|-----------------------------|------------------------|
| 1. County of service | 5. Trip date |
| 2. Location | 6. Transportation type |
| 3. Contacted person | 7. Service provider |
| 4. Type of Medicaid service | |

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Document Prompts:
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Initial Inform

1. County of service
2. Location
3. Informing letter / packet sent
4. Service provider

Inform Follow-up

1. County of service
2. Location
3. Specific time calls made (am/pm)
4. Phone message summary / description
- of attempt
5. Follow-up letter sent only after 2 failed phone tries
6. Service provider
7. Follow-up within 30 days of Initial Inform

Document Prompts:
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Inform Completion

1. County of service
2. Location
3. Contacted person
4. Explanation of EPSDT benefits
5. Medical appointment summary
6. Dental appointment summary
7. Immunization status
8. Client/family feedback
9. Referrals, outcomes, & plan for follow-up
10. Service provider
11. Intake assessment

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